

City of Bee Cave Facility Reservation Special Use Permit

4000 Galleria Parkway, Bee Cave, Texas 78738; 512-767-6600

Applicant Information:

Applicant Name: _____
Driver License# _____
Organization: _____
Address: _____
City/Zip: _____
Contact# _____
E-mail address: _____

Facility:

- ☐ Community Room A
☐ Community Room B
☐ Old Bee Cave School House
☐ Central Park Pavilion - Small
(Limit of 25 persons)
☐ Central Park Pavilion-Large
(Limit of 50 persons)

Non-Profit: ☐ Yes ☐ No

If yes, Tax ID: _____

Event Information:

Date: _____

Time: _____

Type of Event: _____

Total Hours Requesting: _____

Electricity Use Requested: ☐ Yes ☐ No

Special Use Request: (Additional information/documentation may be requested for review.)

I am requesting approval for the following:

- ☐ Estimated Attendance: _____
☐ Alcoholic beverages
☐ Placement of a temporary structure- Description: _____
☐ Other- Description: _____

Payment Information:

Fee Amount \$ _____
(*\$25/hr. - Applies to non-residents only*)

Security Deposit \$ _____
(*\$100 - All reservations*)

☐ Cash ☐ Money Order

☐ Credit Card# _____

☐ Master Card ☐ Visa

Name on Card _____

Exp. Date _____ Billing Zip Code _____

OFFICE USE ONLY

Amount Paid \$ _____ Date Paid: _____ Receipt# _____

Deposit Refund \$ _____ Refund Date: _____ Check/CC Ref# _____

☐ Refund Approved ☐ Refund Denied

Comments:

Refund approved/denied by: _____ Date: _____

I have read and signed the City of Bee Cave's Facilities/Park Reservations Policy. I agree to abide by all terms and conditions set forth herein. I agree to provide proof of identification and/or additional documentation upon request.

Applicant Signature: _____ Date: _____

City of Bee Cave Authorized Official: _____ Date: _____